

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.

63-024332

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3519

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED JUL 5 1963

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN KANSAS CITY

Length of stay in 1b
50 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION DOA General Hospt.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

MISSOURI

JACKSON

c. CITY
OR
TOWN KANSAS CITY

Inside Limits
Yes ☐ No ☐

d. STREET
ADDRESS

(If outside, give location)

3242 Lockridge

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First

Middle

Last

CHRISTOPHER COLUMBUS GIVHAN

4. DATE OF DEATH

Month Day Year
June 23, 1963

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH

10-11-98

9. AGE (last birthday)

64 yrs

10. IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

North Little Rock, Ark.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Bush Givhan

13b. MOTHER'S MAIDEN NAME

Annie Allen

14. NAME OF HUSBAND OR WIFE

NO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Wilbur Givhan 4101 Chestnut KCMO

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Congestive H. Failure

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Pulmonary Emphysema

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

4/23/63 to 4/23/63 and last saw her him alive on 4/23/63

22a. SIGNATURE

(Degree or title)

Carl M. Peterson M.D.

22b. ADDRESS

2701 E. 31st St

22c. DATE SIGNED

6/24/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

June 26, 1963

23c. NAME OF CEMETERY OR CREMATORY

Blue Ridge Lawn

23d. LOCATION (City, town, or county)

Kansas City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

WATKINS BROS. FUNERAL HOME 18th & Benton 6-24-63

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Paula Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Carl M. Peterson MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed: Bruce R. Watkins

Licensed Embalmer No. 4500

P. O. Address 18th & Benton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.